



APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/780,797
Application Date:: 02/17/04
Application Type:: REGULAR
Subject Matter:: UTILITY
Suggested Group Art Unit:: 1614
CD-ROM or CD-R?: NONE
Sequence Submission?: PAPER
Computer Readable Form (CRF)?:: YES
Number of Copies of CRF:: 1
Title:: USE OF INHIBITORS OF
INDOLEAMINE-2,3-DIOXYGENASE IN
COMBINATION WITH OTHER
THERAPEUTIC MODALITIES

Attorney Docket Number:: 275.00100101
Total Drawing Sheets:: 11
Small Entity?: YES
Licensed US Govt. Agency:: National Institutes of Health
Contract or Grant Numbers:: K08HL03395, 1R01CA103320,
1R01CA096651

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: David
Family Name:: Munn
City of Residence:: Augusta
State or Province of Residence:: GA
Country of Residence:: USA
Street of Mailing Address:: 967 Meigs Street
City of Mailing Address:: Augusta
State or Province of Mailing Address:: GA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 30904

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Great Britain
 Status:: FULL CAPACITY
 Given Name:: Andrew
 Family Name:: Mellor
 City of Residence:: Augusta
 State or Province of Residence:: GA
 Country of Residence:: USA
 Street of Mailing Address:: 2021 Autumn Chase
 City of Mailing Address:: Augusta
 State or Province of Mailing Address:: GA
 Country of Mailing Address:: USA
 Postal or Zip Code of Mailing Address:: 30907

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/538,647	01/22/04
This Application	Non-Provisional of	60/459,489	04/01/03

ASSIGNMENT INFORMATION

Assignee Name:: Medical College of Georgia Research Institute, Inc.
 Street of Mailing Address:: 1120 15th Street
 City of Mailing Address:: Augusta
 State or Province of Mailing Address:: GA
 Country of Mailing Address:: USA
 Postal or Zip Code of Mailing Address:: 30912